

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION MORBER _ CA 1 612810

Total Fee Calculation

	E . + Call .	7:0! #(0:1:±:	Number Erro X	F:÷	F:-		
	9.5.C;			್ಷ. £ಚಿಚ್ಛ-	L; Eastey	Total	
विकाद हाकि : हरत	200000				_	` ! } /	
Total Claims > 10	*** * * * * * * * * * * * * * * * * *	44	24		1/1	-	
(ediproduct Cision >)	<u> </u>	//	()			-	
1/ /s C = 5	1914, 1914		<u> </u>		624	-	
C.,,,,,,	21 V (23				120	. :	
Fadire Tand	110					•	
TOTAL FEE CALCATA						1576	
Fees due upon Elley die	4gglerau na					· 	
Total Filling Fees Dive =	. s	1876					
Less Filling Fees Submitte	:4 -5		****	· .		🕴	
BALANCE DUE	= S	1874		•	-	:	
Office of तिसंस्त्र निवस्त्र है। स्व		_\					
-		6:	_				
FORM OPERAM OF Pay, 12	27)	Figurë	7	=		. 1	
•			-				

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999										
CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			R FILED	NUMBER	EXTRA	RAT	E FEE	1	RATE	FEE
BASIC FEE					345.00	OR		690.00		
TOTAL CLAIMS /// minus 20= · 24			4	X\$ 9		OR	X\$18=	432		
INDEPENDENT CLAIMS // minus 3 = 1							1			
MULTIPLE DEPENDENT CLAIM PRESENT						X39	=	OR	X78=	624
MOETH EE DEFENDENT SEAM THESENT						+130)=	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	AL .	OR	TOTAL	1140
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL ENTITY	OR	OTHER SMALL	,
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 72	Minus	44	= 28	X\$ 9	= 252	OR	X\$18=	504
ME	Independent	. 14	Minus	//	= 3	X39:	= /26	OR	X78=	#32
Ë	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM		+130		OR	+260=	
						TO ADDIT. F	TAL 378		TOTAL ADDIT, FEE	726
		(Column 1)		(Column 2)	(Column 3)	ADDIT. P			ADDIT: 1 EE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	•	Minus	**	=	X\$ 9	=	OR	X\$18=	
AME	Independent	•	Minus	***	=	X39=	=	OR	X78=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Oh			
						+130		OR	+260=	
							EE	OR	TOTAL ADDIT. FEE	L
	,	(Column 1)	,	(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total	*	Minus	**	=	X\$ 9:	=	OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		1	X78=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM		X00-		OR		
	18 AL		ha amendo - : f	O	dumn 2	+130:		OR	+260=	
	If the "Highest Nu If the "Highest Nu	mber Previously Particusty Particustry Previously P	aid For" IN THI aid For" IN TH	umn 2, write "0" in co IS SPACE is less that IS SPACE is less that Independent) is that	an 20, enter "20." an 3, enter "3."	ADDIT/ F	EE	_	TOTAL ADDIT. FEE lumn 1.	

Application or Docket Number